PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

annouriste. All further	correspondence include ed below or directed of	ing the Patent, advance of	orders and notification	of maintenance	fees will be	mailed to the curren	should be completed where t correspondence address as parate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
21967	7590 02/1	5/2008	DE					
HUNTON & V	ALL W	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope						
1900 K STREET	AL PROPERTY DE Γ, N.W.	£.	addressed to the transmitted to the	ic Mail Stop ne USPTO (5)	ISSUE FEE address 11) 273-2885, on the	st class mail in an envelope above, or being facsimile date indicated below.		
SUITE 1200 WASHINGTON	AY 1 4 2008			 	(Depositor's name)			
	•	1				(Signature)		
			TRADENAR				(Date)	
APPLICATION NO. FILING DATE		FIRST NAMED INVENT		FOR ATTORNEY DOCKET NO. CONFIRMATION NO.				
10/724,208 12/01/2003		Jon Elliot Adler			T1530-00025 9851			
TITLE OF INVENTION MODULATORS	N: HUMAN T2R61	TASTE RECEPTOR	AND RELATED AS	SAYS FOR I	DENTIFYIN	G HUMAN BITTE	R TASTE	
APPLN. TYPE	Charl Exercia	I poste per pur	PUBLICATION FEE D	UE DEEV DAY	D (OUT IN PRO	I 20241 2200 200		
	SMALL ENTITY	ISSUE FEB DUE			D ISSUE FEE	TOTAL FEE(S) DUE		
nonprovisional	YES	\$720	\$300	·	\$ 0 85/1:	\$1020 5/8208 INTEFSU	05/15/2008 @2333362 10724208	
EXAMINER		ART UNIT			P1 F1		760, 29 ns	
ULM, JOHN D 1649			435-007200	62 FD: 1504 302.63 na				
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list CFR 1.363). Hunton & Williams LLP								
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			1 · 1					
The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or	type)				
PLEASE NOTE: Unle recordation as set forth	ess an assignee is ident in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NO	data will appear on th T a substitute for filing	e patent. If an an assignment,	assignee is id	dentified below, the d	ocument has been filed for	
(A) NAME OF ASSIC			-) RESIDENCE: (CITY and STATE OR COUNTRY)				
Senomyx, Inc.			San Diego, CA					
Please check the appropri	ate assignee category or	categories (will not be pr	inted on the patent):	☐ Individual	Corporati	ion or other private gro	oup entity Government	
la. The following fee(s) a	re submitted:	4h						
Issue Fee	b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.							
D Advance Order - # of Copies			Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0206 (enclose an extra copy of this form).					
Advance Order • #	overpayment, to De	eposit Account	Number 50	equired fee(s), any de 0206 (enclose a	ficiency, or credit any n extra copy of this form).			
Change in Entity State a. Applicant claims	us (from status indicated SMALL ENTITY statu		b. Applicant is no	onger claiming	SMALL ENT	FITY status. See 37 CI	FR 1.27(g)(2).	
OTE: The Issue Fee and	Publication Fee (if requested Sta	uired) will not be accepted	from anyone other tha	n the applicant;	a registered a	ttorney or agent; or th	e assignee or other party in	
	12n - 1	/ A						
Authorized Signature _	1-50kC J	<u> </u>		Date	May 1	4, 2008		
Typed or printed name		Registration No. 35,030						
his collection of informa n application. Confidenti ubmitting the completed his form and/or suggestio ox 1450, Alexandra, Vi	tion is required by 37 C ality is governed by 35 application form to the ns for reducing this bur rginia 22313-1450. DO	FR 1.311. The informatio U.S.C. 122 and 37 CFR I USPTO. Time will vary den, should be sent to the NOT SEND FEES OR C	n is required to obtain of 1.14. This collection is depending upon the in Chief Information Off COMPLETED FORMS	or retain a benefication and the control of the con	it by the publice 12 minutes any comments and Tradem PRESS. SENI	ic which is to file (and to complete, includin s on the amount of tin ark Office, U.S. Depa OTO: Commissioner (by the USPTO to process) g gathering, preparing, and ne you require to complete urtment of Commerce, P.O. for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.